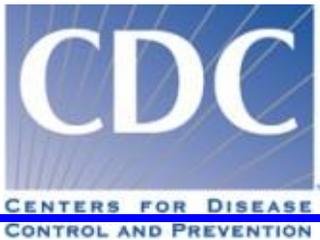


# TENNESSEE

## 2012 Land Line and Cell Phone Codebook Report

### Behavioral Risk Factor Surveillance System

June 13, 2017



Behavioral Risk Factor Surveillance System  
 TENNESSEE 2012 Land Line and Cell Phone State Added Question Codebook Report  
 Data was weighted using \_LLCPWT.

**State FIPS Code**

**Section:** 0.1 Record Identification

**Type:** Num

**Column:** 1-2

**SAS Variable Name:** \_STATE

**Prologue:**

**Description:** State FIPS Code

Value	Value Label	Frequency	Percentage	Weighted Percentage
47	Tennessee	7,056	100.00	100.00

**Told High Blood Pressure**

**State Added Question:** 1.1 Blood Pressure

**Type:** Char

**Column:** 501

**SAS Variable Name:** BPHIGH4

**Prologue:**

**Description:** Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

Value	Value Label	Frequency	Percentage	Weighted Percentage
1	Yes	2577	40.35	33.09
2	Yes, but female told only during pregnancy	34	0.53	0.58
3	No	2615	40.94	48.74
4	Told borderline high or pre-hypertensive	64	1.00	0.98
7	Don't know / not sure	7	0.11	0.17
9	Refused	1090	17.07	16.44

**Normal or High Blood Pressure**

**Section:** 1.2 Blood Pressure

**Type:** Char

**Column:** 502

**SAS Variable Name:** SAYBPCUR

**Prologue:**

**Description:** Can you say whether your blood pressure is currently normal or high?

Value	Value Label	Frequency	Percentage	Weighted Percentage
1	Normal	2167	84.09	82.96
2	High	343	13.31	13.67
7	Don't know / Not sure	64	2.48	3.22
9	Refused	3	0.12	0.14

**Medicine Intake for High Blood Pressure**

**Section:** 1.3 Blood Pressure

**Type:** Char

**Column:** 5.3

**SAS Variable Name:** BPMEDS

**Prologue:**

**Description:** Are you currently taking medicine for your high blood pressure?

Value	Value Label	Frequency	Percentage	Weighted Percentage
1	Yes	2219	86.11	79.85
2	No	352	13.66	19.98
7	Don't know/ Not sure	2	0.08	0.03
9	Refused	4	0.16	0.15

**Had Blood Cholesterol Checked**

**Section:** 2.1 Cholesterol

**Type:** Char

**Column:** 504

**SAS Variable Name:** BLOODCHO

**Prologue:**

**Description:** Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?

Value	Value Label	Frequency	Percentage	Weighted Percentage
1	Yes	4653	72.85	66.90
2	No	522	8.17	13.96
7	Don't know / Not sure	123	1.93	2.64
9	Refused	1089	17.05	16.50

**Last Blood Cholesterol Check**

**Section:** 2.2 Cholesterol

**Type:** Char

**Column:** 505

**SAS Variable Name:** CHOLCHK

**Prologue:**

**Description:** About how long has it been since you last had your blood cholesterol checked?

Value	Value Label	Frequency	Percentage	Weighted Percentage
1	Within the past year (anytime less than 12 months ago)	3801	81.69	77.54
2	Within the past 2 years (1 year but less than 2 years ago)	433	9.31	11.38
3	Within the past 5 years (2 years but less than 5 years ago)	167	3.59	4.56
4	5 or more years ago	178	3.83	4.42
7	Don't know / Not sure	71	1.53	2.02
9	Refused	3	0.06	0.08

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**Told High Blood Cholesterol**

**Section:** 2.3 Cholesterol

**Type:** Char

**Column:** 506

**SAS Variable Name:** TOLDHI2

**Prologue:**

**Description:** Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

Value	Value Label	Frequency	Percentage	Weighted Percentage
1	Yes	2023	43.48	39.08
2	No	2568	55.19	59.64
7	Don't know / Not sure	58	1.25	1.23
9	Refused	4	0.09	0.05

**First Smoke Age**

**Section:** 3.1 Tobacco Use

**Type:** Num

**Column:** 507

**SAS Variable Name:** SMOKAGE

**Prologue:**

**Description:** How old were you the first time you smoked a cigarette, even one or two puffs?

Value	Value Label	Frequency	Percentage	Weighted Percentage
1-76	Age in years	6904	97.85	98.16
77	Don't know / Not Sure	148	2.10	1.80
99	Refused	4	0.06	0.04

**Stop Smoking**

**Section:** 3.2 Tobacco Use

**Type:** Char

**Column:** 509

**SAS Variable Name:** LIKESTOP

**Prologue:**

**Description:** Would you like to stop smoking

Value	Value Label	Frequency	Percentage	Weighted Percentage
1	Yes	237	44.47	42.50
2	No	273	51.22	53.30
7	Don't know / Not sure	21	3.94	4.11
9	Refused	2	0.38	0.09

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**Provided care or assistant**

**Section:** 4.1 Caregiver

**Type:** Char

**Column:** 510

**SAS Variable Name:** CAREGIV

**Prologue:**

**Description:** During the past month, did you provide regular care or assistance to a family member or friend who has a health problem, long-term illness, or disability?

Value	Value Label	Frequency	Percentage	Weighted Percentage
1	Yes	1228	19.23	18.56
2	No	4031	63.11	64.34
7	Don't know/Note sure	10	0.16	0.11
9	Refused	1118	17.50	16.99

**Gender of Care Receiver**

**Section:** 4.2 Caregiver

**Type:** Char

**Column:** 511

**SAS Variable Name:** CRGVGND

**Prologue:**

**Description:** Is this person male or female?

Value	Value Label	Frequency	Percentage	Weighted Percentage
1	Male	466	37.95	36.46
2	Female	752	61.24	61.62
9	Refused	10	0.81	0.92

**Age of Care Receiver**

**Section:** 4.3 Caregiver

**Type:** Num

**Column:** 512

**SAS Variable Name:** CRGVAG

**Prologue:**

**Description:** What age is the person to whom you are giving care? If more than one person, ask "What is the age of the person to whom you are giving the most care?"

Value	Value Label	Frequency	Percentage	Weighted Percentage
0-155	Age in years (0-115)	7014	99.40	99.23
777	Don't know/Not Sure	28	0.40	0.57
999	Refused	14	0.20	0.20

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**Relation to the Receiver**

**Section:** 4.4 Caregiver

**Type:** Char

**Column:** 515

**SAS Variable Name:** CRGVRELT

**Prologue:**

**Description:** What is his/her relationship to you? For example, is he/she your (mother/ daughter or father/ son)

<b>Value</b>	<b>Value Label</b>	<b>Frequency</b>	<b>Percentage</b>	<b>Weighted Percentage</b>
1	Parent	411	33.47	35.25
2	Parent-in-law	54	4.40	5.27
3	Child	80	6.51	5.25
4	Spouse	188	15.31	13.60
5	Sibling	126	10.26	8.27
6	Grandparent	47	3.83	6.50
7	Grandchild	9	0.73	0.60
8	Other relative	118	9.61	9.48
9	Non-relative	181	14.74	14.86
77	Don't know / Not sure	2	0.16	0.03
99	Refused	12	0.98	0.89

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**Major Health Issue**

**Section:** 4.5 Caregiver

**Type:** Char

**Column:** 517

**SAS Variable Name:** CRGVPRB

**Prologue:**

**Description:** What has a doctor said is the major health problem, long-term illness, or disability that the person you care for has?

Value	Value Label	Frequency	Percentage	Weighted Percentage
1	Arthritis/ Rheumatism	58	4.72	4.93
2	Asthma	14	1.14	0.97
3	Cancer	129	10.50	10.24
4	Diabetes	94	7.65	8.36
5	Heart Disease	107	8.71	7.53
6	Hypertension/ High Blood Pressure	20	1.63	1.88
7	Lung Disease/ Emphysema	35	2.85	2.81
8	Osteoporosis	15	1.22	1.28
9	Parkinson's Disease	14	1.14	0.95
10	Stroke	71	5.78	6.27
11	Eye/Vision Problem (Blindness)	11	0.90	0.76
12	Hearing Problem (Deafness)	0	0	0
13	Multiple Sclerosis (MS)	12	0.98	0.72
14	Spinal Cord Injury	17	1.38	1.61
15	Traumatic Brain Injury	4	0.33	0.41
16	Alzheimer's Disease or Dementia	125	10.18	9.08
17	Attention Deficit-Hyperactivity Disorder (ADHD)	2	0.16	0.09
18	Learning Disability (LD)	6	0.49	0.40
19	Cerebral Palsy (CP)	8	0.65	1.16
20	Down's Syndrome	5	0.41	0.45
21	Other Developmental Disability (e.g., spinal bifida, muscular dystrophy)	35	2.85	2.61
22	Anxiety	4	0.33	0.25
23	Depression	26	2.12	2.43
24	Other	241	19.63	19.54
77	Don't know/Not sure	116	9.45	10.60
99	Refused	59	4.80	4.67

**Receiver Changes in thinking**

**Section:** 4.6 Caregiver

**Type:** Char

**Column:** 519

**SAS Variable Name:** CRGVCHN

**Prologue:**

**Description:** During the past year, has the person you care for experienced changes in thinking or remembering?

Value	Value Label	Frequency	Percentage	Weighted Percentage
1	Yes	614	50.00	48.45
2	No	562	45.77	47.85
7	Don't know/Not sure	26	2.12	1.93
9	Refused	26	2.12	1.77

**Experienced memory loss**

**Section:** 5.1 Cognitive Decline

**Type:** Char

**Column:** 520

**SAS Variable Name:** CIMEMLS

**Prologue:**

**Description:** During the past 12 months, have YOU experienced confusion or memory loss that is happening more often or is getting worse?

Value	Value Label	Frequency	Percentage	Weighted Percentage
1	Yes	674	10.55	9.56
2	No	4549	71.22	72.78
7	Don't know / Not sure	20	0.31	0.29
9	Refused	1144	17.91	17.37

**Told have Alzheimer's Disease**

**Section:** 5.2 Cognitive Decline

**Type:** Char

**Column:** 521

**SAS Variable Name:** CIDIAGAL

**Prologue:**

**Description:** Has a health care professional ever told you that you have Alzheimer's Disease or some other form of dementia?

Value	Value Label	Frequency	Percentage	Weighted Percentage
1	Yes	44	0.69	0.53
2	No	5192	81.29	81.93
7	Don't know/Not sure	1	0.02	0.00
9	Refused	1150	18.01	17.54

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**Dine out**

**Section:** 6.1 Menu Labeling

**Type:** Num

**Column:** 522

**SAS Variable Name:** DINEOUT

**Prologue:**

**Description:** How many times, in the last week, did you eat at or buy take-out food from a chain or fast-food restaurant?

Value	Value Label	Frequency	Percentage	Weighted Percentage
1-76	Number of Times	4357	61.75	66.04
88	None	1627	23.06	19.35
77	Don't know / Not sure	45	0.64	0.63
99	Refused	1027	14.55	13.97

**Most Calories at McDonald's**

**Section:** 6.2 Menu Labeling

**Type:** Char

**Column:** 524

**SAS Variable Name:** MCDONALDS

**Prologue:**

**Description:** Which of the following item at McDonald's, do you think has the MOST number of calories?

Value	Value Label	Frequency	Percentage	Weighted Percentage
1	Two Big Macs	2388	37.39	40.35
2	Two Egg McMuffins	147	2.30	2.66
3	One large chocolate shake	567	8.88	9.85
4	Four regular hamburgers	478	7.48	8.63
7	Don't know/Not sure	1344	21.04	16.56
9	Refused	1463	22.91	21.96

**Least Calories at Dunkin' Donuts**

**Section:** 6.3 Menu Labeling

**Type:** Char

**Column:** 525

**SAS Variable Name:** DUNKIN

**Prologue:**

**Description:** Which of the following items at Dunkin' Donuts do you think has the LEAST number of calories?

Value	Value Label	Frequency	Percentage	Weighted Percentage
1	Sesame bagel with cream cheese	753	11.79	13.36
2	Two jelly-filled donuts	341	5.34	6.10
3	Banana-walnut muffin	947	14.83	16.42
4	A medium (24 oz.) strawberry banana smoothie	1168	18.29	20.72
7	Don't know/Not sure	1665	26.07	20.36
9	Refused	1513	23.69	23.05

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**Calories intake**

**Section:** 6.4 Menu Labeling

**Type:** Char

**Column:** 526

**SAS Variable Name:** CALPERDAY

**Prologue:**

**Description:** How many calories should a person of your age, height and weight eat each day?

<b>Value</b>	<b>Value Label</b>	<b>Frequency</b>	<b>Percentage</b>	<b>Weighted Percentage</b>
1	1,000 or less	248	3.88	3.79
2	1,001 to 1,500	1343	21.03	19.22
3	1,501 to 2,000	1552	24.30	25.58
4	2,001 to 2,500	380	5.95	6.89
5	2,501 to 3,000	105	1.64	2.30
6	3,001 or more	34	0.53	0.74
7	Don't know/Not sure	1520	23.80	23.31
9	Refused	1205	18.87	18.18